



California Board of Behavioral Sciences
1625 North Market Boulevard, Suite S200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

Marriage and Family Therapist Standard Written Examination

CANDIDATE HANDBOOK

FOR EXAMINATIONS JUNE 1, 2007 OR LATER



PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
www.psiexams.com

CONTENT OUTLINE

Purpose	2	Taking the Examination by Computer	5
Examination Scheduling Procedures	2	Identification Screen	5
Internet Scheduling	2	Tutorial	5
Telephone Scheduling	2	Examination Question Example.....	5
Canceling an Examination	2	Examination Review.....	5
Missed Appointment or Late Cancellation	2	Examination Results	5
Taking a Re-examination	2	Abandonment of Application/Ineligibility	6
Emergency Examination Center Closing.....	3	After Passing the Examination	6
Examination Site Locations	3	Study Material and Courses	6
Special Accommodations Available	4	Objective of the Board	6
Reporting to the Examination Site	4	Examination Plan	6
Required Identification at the Examination Site.....	4	Examination Development.....	7
Security Procedures.....	4	Establishing the Passing Standards	7
		Examination Items	7
		Examination Plan	9

FOR MORE INFORMATION

All questions about examination scheduling
should be directed to:

PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
(877) 392-6422 • TTY (800) 735-2929
www.psiexams.com

Questions about examination content or licensing
should be directed to:

Board of Behavioral Sciences
1625 North Market Blvd., Ste. S200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

SCHEDULING INFORMATION

Date Scheduled: _____

Name of Scheduler: _____

Date of Exam: _____

Time of Exam: _____

Test Site Location: _____



PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Marriage and Family Therapist (MFT) examination processes and content.

EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification

3210 E Tropicana
Las Vegas, NV 89121
(800) 733-9267 • Fax (702) 932-2666
www.psiexams.com

All other questions about examinations should be directed to the BBS.

Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200,
Sacramento, CA 95834
(916) 574-7830 ** FAX (916) 574-8625
www.bbs.ca.gov

EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at www.psiexams.com, or schedule over the telephone at (800) 733-9267.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

In most California testing centers, testing does not take place on the following major holidays:

Memorial Day:	Closed May 26, 2007 through May 28, 2007
Independence Day:	Closed July 4, 2007
Labor Day:	Closed September 1, 2007 through September 3, 2007
Thanksgiving:	Closed November 22, 2007 through November 25, 2007
Christmas:	Closed December 25, 2007
New Years 2008:	Closed January 1, 2008

INTERNET SCHEDULING

You may schedule for your test by completing the online Test Registration Form. The Test Registration Form is available at PSI's website, www.psiexams.com. You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
3. Upon successful registration, you will receive a traceable confirmation number.

TELEPHONE SCHEDULING

Call PSI at (800) 733-9267, 24 hours a day and schedule using the Automated Registration System. If you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test.

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee ***if your cancellation notice is received 2 days prior to the scheduled examination date.*** For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (800) 733-9267. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

Note: A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 160 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.



CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Sample Scenarios:

- Maria passes her Written Examination on 5/31/07. She must take the Clinical Vignette Examination no later than 5/31/08.
- Arnold failed his Standard Written Examination on 4/22/07. He must retake his Standard Written Examination no later than 4/22/08.
- Danny received notice of eligibility to take the Standard Written Examination on 1/18/07. He must take this Examination no later than 1/18/08.

EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (800) 733-9267. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

ANAHEIM

2301 W. LINCOLN AVE, SUITE 252
ANAHEIM, CA 92801

FROM THE I-5 N, TAKE THE EUCLID ST EXIT (112). TURN LEFT ONTO N EUCLID ST. TURN RIGHT ONTO W LINCOLN AVE.

FROM I-5 S, TAKE THE BROOKHURST ST EXIT (113)-TOWARD LA PALMA AVE. TURN SLIGHT RIGHT ONTO N BROOKHURST ST. TURN RIGHT ONTO W LINCOLN AVE.

ATASCADERO

7305 MORRO RD, SUITE 201A
ATASCADERO, CA 93422

FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.

FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.

BAKERSFIELD

5405 STOCKDALE HIGHWAY, SUITE 206
BAKERSFIELD, CA 93309

FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.

FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.

CARSON

17420 S. AVALON BLVD, SUITE 205
CARSON, CA 90746

FROM CA-91 E/GARDENA FWY, TAKE THE EXIT TOWARD MAIN ST. TURN LEFT ONTO E ALBERTONI ST. TURN LEFT ONTO AVALON BLVD.

FROM CA-91 W, TAKE THE EXIT TOWARD AVALON BLVD. MERGE ONTO E ARTESIA BLVD. TURN LEFT ONTO AVALON BLVD. MAKE A U-TURN AT E ALBERTONI ST ONTO AVALON BLVD.

EL MONTE

9420 TELSTAR, SUITE 138
EL MONTE, CA 91731

FROM THE I-10 E, TAKE THE PECK RD NORTH EXIT (29B)-TOWARD VALLEY BLVD. TURN RIGHT ONTO N PECK RD. TURN SLIGHT RIGHT ONTO VALLEY BLVD.

FRESNO

351 E. BARSTOW, SUITE 101
FRESNO, CA 93710

FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. TURN RIGHT ONTO E BARSTOW AVE.

FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT ONTO E BARSTOW AVE.

HAYWARD

24301 SOUTHLAND DRIVE, SUITE B-1
HAYWARD, CA 94545

FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.

FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.

REDDING

2861 CHURN CREEK, UNIT C
REDDING, CA 96002

FROM I-5 N TOWARD SACRAMENTO, TAKE THE CYPRESS AVE EXIT (677)-TOWARD REDDING. TURN RIGHT ONTO E CYPRESS AVE. TURN RIGHT ONTO YANA AVE. TURN LEFT ONTO VALE DR. TURN RIGHT ONTO CHURN CT.

FROM I-5 S, MERGE ONTO CA-44 E VIA EXIT 678A TOWARD HILLTOP DR/LASSEN PARK. TAKE THE VICTOR AVE EXIT- EXIT 3. TURN RIGHT ONTO VICTOR AVE. TURN LEFT ONTO HARTNELL AVE. TURN LEFT ONTO CHURN CT.

RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK
1600 CHICAGO AVE, SUITE M-15
RIVERSIDE, CA 92507

FROM I-215 N TOWARD RIVERSIDE/SAN BERNARDINO, TAKE THE COLUMBIA AVENUE EXIT. TURN RIGHT ONTO E LA CADENA DR. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE.

FROM I-215 S TOWARD SAN BERNARDINO/RIVERSIDE, TAKE THE EXIT TOWARD COLUMBIA AVENUE. TURN SLIGHT RIGHT ONTO INTERCHANGE DR. TURN LEFT ONTO PRIMER ST. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE.

SACRAMENTO

9719 LINCOLN VILLAGE DR.
BUILDING 100, SUITE 100



SACRAMENTO, CA 95827

FROM I-80 E, KEEP LEFT TO TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE THE BRADSHAW ROAD EXIT (13). TURN RIGHT ONTO BRADSHAW RD. TURN LEFT ONTO LINCOLN VILLAGE DR.

FROM US-50 W, TAKE THE BRADSHAW ROAD EXIT (13). TURN LEFT ONTO BRADSHAW RD. TURN LEFT ONTO LINCOLN VILLAGE DR.

SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300
SAN DIEGO, CA 92121

FROM I-805 S, TAKE THE SORRENTO VALLEY RD EXIT TOWARD MIRA MESA BLVD. TURN LEFT ONTO SORRENTO VALLEY RD. STAY STRAIGHT TO GO ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

SANTA ROSA

160 WIKIUP DRIVE, SUITE 105
SANTA ROSA, CA 95403

FROM US-101 N, MERGE ONTO FULTON RD. TURN RIGHT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

FROM US-101 S, TAKE THE AIRPORT BLVD EXIT. TAKE THE RAMP TOWARD MARK WEST AREA/LARKFIELD WIKIUP. TURN LEFT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

SANTA CLARA

2936 SCOTT BLVD
SANTA CLARA, CA 95054

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

SPECIAL ACCOMMODATIONS AVAILABLE

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at www.bbs.ca.gov/bbsforms.htm. Do not call PSI to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

REPORTING TO THE EXAMINATION SITE

On the day of the examination, you should arrive at least 30 minutes prior to your scheduled appointment time. This allows time for sign-in and identification verification and provides time to familiarize yourself with the examination process. *If you arrive late, you may not be admitted to the examination site and you will forfeit your examination registration fee.*

REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:

- Valid photographic Driver's License (any state)
- Valid State identification card (any state)
- Valid U.S. military identification
- Valid passport

All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.

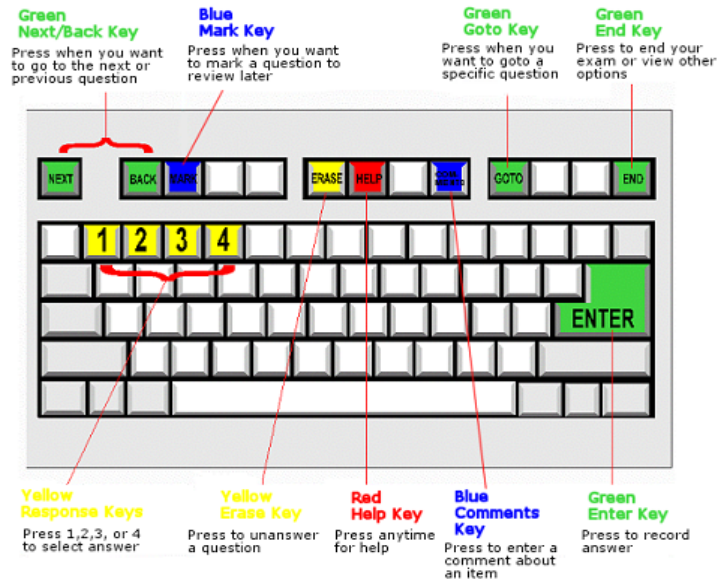
If you cannot provide the required identification, you must call (800) 733-9267 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;





- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

PSI SECURITY PROCEDURES

The following security procedures will apply during the examination:

- Cell phones, digital watches, pagers, purses, briefcases, personal belongings, and children are not allowed at the examination site.
- No smoking, eating, or drinking will be allowed at the examination site.
- Copying or communicating examination content is a violation of PSI security policy. Either one may result in the disqualification of examination results and may lead to legal action.

TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.

IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions

are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:



EXAMINATION REVIEW

The BBS/DCA will be continually evaluating the examinations being administered to ensure that the examinations accurately measure competency in the required knowledge areas. Comments may be entered on the computer keyboard during the examination. Your comments regarding the questions and the examinations are welcomed. While PSI does not respond to individuals regarding these comments, all substantive comments are reviewed.

EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state



licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and grade, including the number of items answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the MFT Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional preparation for re-testing.

ABANDONMENT OF APPLICATION/INELIGIBILITY

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility." Abandonment of an application requires the candidate to submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Title 16, California Code of Regulations Section 1833.3 states, "An applicant who fails any written or oral examination may, within one year from the date of that failure, retake that examination as regularly scheduled without further application upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."

AFTER PASSING THE EXAMINATION

Candidates are eligible to apply to take the Written Clinical Vignette examination after passing the Standard Written examination.

To apply, candidates must submit a "Request for Examination" (Clinical Vignette) and the required fee to the BBS. Request for Examination forms are provided with candidate result notices, are also available by contacting the Board, and online at www.bbs.ca.gov.

Allow three weeks for processing of your Request for Examination and fee.

You will receive notification of eligibility to take the Written Clinical Vignette examination which will include the Written Clinical Vignette Examination Candidate Handbook. Candidate Handbooks will also be available online at www.bbs.ca.gov.

STUDY MATERIAL AND COURSES

The MFT Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the

examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.

OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with California Business and Professions Code Section 4980.40, each applicant for the MFT license who meets the educational and experience requirements must successfully complete a Board-administered written examination. An applicant who successfully passes the initial "Standard" Written examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods as applicable to the MFT scope of practice. Business and Professions Code section 4980.02, defines the MFT scope of practice as: "...that service performed with individuals, couples, or groups, wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The applications of marriage, family, and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable the individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspect of relationships."

MFT EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for MFTs in 2002. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.



The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 2002, the analysis began with interviews of licensees to gather information about the tasks that are performed in independent practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, the task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 2,000 MFTs throughout California. Several panels of MFTs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid MFT examination plan.

The MFT Standard Written examination plan consists of six content areas; clinical evaluation, crisis management, treatment planning, treatment, ethics, and law. In each content area, the examination plan describes examination content in terms of task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

EXAMINATION DEVELOPMENT

The MFT examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists trained to develop and analyze occupational licensing examinations.

MFTs who participate in examination development and review workshops are referred to as "Subject Matter Experts" (SMEs). SMEs write and review multiple-choice items for the examination. OER staff in established examination development processes and measurement methodologies trains SMEs. The cooperative efforts among these members of the MFT profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

ESTABLISHING THE PASSING STANDARDS

The MFT written examinations measure knowledge and skills required for MFT practice, and represents a standard of performance that MFT SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Standard Written examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that

qualified MFTs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of MFT SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

EXAMINATION ITEMS

The MFT Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 nonscoreable items). Pre-testing allows performance data to be gathered and evaluated before the items are scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted for or against you in your examination score and will not be identified to you.

All of the scoreable items in the Standard Written examination have been written and reviewed by MFTs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements or incorrect statements. There are no 'trick' questions in the examination.

You will have 4 hours to take this examination.

EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

Following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A client begins arriving early for sessions, dressing more stylishly and asking questions about the therapist's personal life. What action should the therapist take?
 - a. Stay focused on treatment goals.
 - b. Discuss therapeutic relationship with client.
 - c. Advise that these behaviors are inappropriate.
 - d. Consult with colleague regarding countertransference.
2. A 36-year-old woman who was involved in an auto accident 5 months ago is referred by her physician. She is unable to sleep, has headaches and nightmares and has lost her appetite. What diagnosis characterizes the symptoms?
 - a. Adjustment disorder

- b. Major depression
- c. Generalized anxiety disorder
- d. Post traumatic stress disorder

3. A couple presents with a history of conflict. They accuse each other of behaving like their respective parents. Which of the following interventions could the therapist use to help the couple understand the impact of their parents on their present situation?

- a. Create an enactment of one of their arguments
- b. Construct a genogram of at least two of their generations
- c. Reframe their conflict as each attempting to control the other
- d. Interpret their conflict as an expression of abandonment anxiety

4. A client is in therapy because of problems at work and an inability to concentrate. During the fourth session, she begins to cry uncontrollably. She reveals that her husband has been physically abusive towards her for several years. Which of the following steps should the therapist take to assist the client?

- a. Explore family patterns of past abuse
- b. Explore high risk factors of leaving the relationship
- c. Help the client establish a plan of action to escape the abuse
- d. Create a narrative to help the client detach from the abusive relationship

5. A therapist finds herself overwhelmed by disturbing images of her sister's death each time a particular client begins to describe her own bereavement. How should the therapist manage the situation?

- a. By discontinuing treatment because the therapeutic neutrality has been compromised
- b. By focusing the therapy on the therapist's own experiences with death
- c. By encouraging the client to discuss less emotionally reactive material
- d. By seeking professional help to address unresolved issues

6. An older couple comes to therapy. The husband reports that since he retired one year ago, he spends much of his time completing his wife's daily chores. He does not understand why she is so upset all the time. "I feel so useless," she says. What intervention would address their dilemma?

- a. Help them set more adaptive boundaries so they can shape new roles for themselves
- b. Reframe her uselessness as an attempt to distract her husband from his feelings of loss
- c. Encourage the wife to involve herself in volunteer activities so she will feel more useful
- d. Encourage the husband to obtain part-time employment to divert his attention from his wife

Correct Answers: 1-B; 2-D; 3-B; 4-C; 5-D; 6-A.

MARRIAGE AND FAMILY THERAPIST

Standard Written Examination Plan (Outline)

I. CLINICAL EVALUATION	28%
A. INITIAL ASSESSMENT	
B. CLINICAL ASSESSMENT	
1. Developmental History	
2. Physical Condition	
3. Psychological Condition	
4. Family/Personal History	
5. Social Factors	
C. DIAGNOSIS	
II. CRISIS MANAGEMENT	13%
A. ASSESSMENT	
B. STRATEGIES	
III. TREATMENT PLANNING	10%
A. GOAL SETTING	
B. FORMULATION OF TREATMENT PLAN	
1. Theoretical Orientation	
2. Clinical Factors	
IV. TREATMENT	19%
A. THERAPEUTIC RELATIONSHIP	
B. INTERVENTIONS	
1. Theoretical Orientations	
2. Clinical Factors	
C. TERMINATION	
V. ETHICS	13%
A. INFORMED CONSENT	
B. THERAPEUTIC BOUNDARIES	
C. MANAGEMENT OF ETHICAL ISSUES	
VI. LAW	17%
A. CONFIDENTIALITY AND PRIVILEGE	
B. EXCEPTIONS	
C. PROFESSIONAL CONDUCT	

MFT STANDARD WRITTEN EXAMINATION PLAN

The following pages contain detailed information regarding examination content. A description of each content area, subarea and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. CLINICAL EVALUATION

Definition: This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

A. INITIAL ASSESSMENT

Tasks

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy
- Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Evaluate client's previous therapy experience to determine impact on current therapeutic process.
- Identify human diversity factors to determine how to proceed with client's treatment.
- Assess for indicators of substance use, abuse, and dependency to plan for client's treatment.
- Assess the impact of client's substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.

Knowledge of

- Therapeutic questioning methods
- Active listening techniques
- Procedures to gather initial intake information
- Observation techniques to evaluate verbal and nonverbal cues.
- Factors influencing the choice of unit of treatment
- Impact of cultural context on family structure and values
- Role of client motivation in therapeutic change
- Techniques to facilitate engagement of the therapeutic process with involuntary clients
- Effects of previous therapy on current therapeutic process
- Effects of human diversity factors on the therapeutic process
- Cultural beliefs regarding therapy and mental health
- Impact of cultural context on family structures and values
- Criteria for classifying substance use, abuse, and dependency
- Effects of substance use, abuse, and dependency on psychosocial functioning and family relationships
- Impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning

B. CLINICAL ASSESSMENT

1. Developmental History

Tasks

- Gather information regarding developmental history to determine impact on client's functioning.

Knowledge of

- Developmental processes of individual growth and change
- Behavioral and psychological indicators of developmental disorders
- Stages of family life-cycle development

2. Physical Condition

Tasks

- Gather information regarding physical conditions or symptoms to determine impact on client's presenting problems.
- Evaluate client's medical history and current complaints to determine need for medical referral.

Knowledge of

- Effects of physical condition on psychosocial functioning
- Relationship between medical conditions and psychosocial functioning
- Effects of physical condition on psychosocial functioning
- Psychological features or symptoms that indicate need for a medical evaluation

3. Psychological Condition

Tasks

- Administer mental status exam to identify client's mood and levels of affective and cognitive functioning.
- Identify client's thought processes and behaviors that indicate a need for psychiatric referral.
- Identify client's affective, behavioral, and cognitive functioning that indicates a need for referral for testing.

Knowledge of

- Administration and application of informal mental status examinations
- Psychological features or behaviors that indicate need for a psychiatric evaluation
- Affective, behavioral, and cognitive factors that indicate need for further testing

4. Family/Personal History

Tasks

- Explore human diversity issues to determine impact on client functioning.
- Gather information regarding family history to assess impact of significant relationships and events on client's presenting problems.
- Gather information about family structure by evaluating impact of significant relationships and events.
- Gather information from other involved parties to contribute to development of a clinical impression of client.

Knowledge of

- Implications of human diversity issues on client relationships
- Transitional stages of acculturation
- Techniques to collect family history
- Methods to assess impact of family history on family relationships
- Effects of family structure and dynamics on development of identity
- Impact of cultural context on family structure and values
- Methods to gather information from professionals and other involved parties

5. Social Factors

Tasks

- Gather information regarding client's employment history to determine how patterns of behavior manifest in occupational settings.
- Gather information regarding client's educational history to determine how patterns of behavior manifest in educational settings.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Gather information regarding social relationships to identify client's support systems.
- Identify differences in degrees of acculturation to determine potential source of conflicts among client and family members.
- Assess economic, political, and social climate to determine the impact on client's presenting problems and treatment.

Knowledge of

- Relationship between behavior and the work environment
- Relationship between behavior and the educational setting
- Techniques to identify the primary caregiver's level of involvement in therapy
- Techniques to identify support systems within social network
- Effects of acculturation on family structure and values
- Transitional stages of acculturation
- Impact of economic factors and stressors on presenting problems and treatment
- Impact of the sociopolitical climate on the therapeutic process
- Impact of psychosocial stressors on presenting problems and current functioning

C. DIAGNOSIS

Tasks

- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.
- Identify precipitating events related to client's presenting problems to determine contributing factors.
- Assess impact of medication on client's current functioning to develop a diagnostic impression.
- Compare clinical information with diagnostic criteria to differentiate between closely related disorders.

Knowledge of

- Diagnostic and Statistical Manual criteria for determining diagnoses
- Procedures to integrate assessment information with diagnostic categories
- The impact of psychosocial stressors on presenting problems and current functioning
- The impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression
- The impact of medication on physical and psychological functioning
- Procedures to develop a differential diagnosis

II. CRISIS MANAGEMENT

Definition: This area assesses the candidate's ability to identify, evaluate, and manage crisis situations.

A. ASSESSMENT

Tasks

- Identify nature of client's crises to determine what immediate intervention is needed.
- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Identify type of abuse by assessing client to determine level of intervention.
- Assess trauma history to determine impact on client's current crisis.
- Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).

Knowledge of

- Techniques to identify crisis situations
- Principles of crisis management

- Methods to assess strengths and coping skills
- Methods to evaluate severity of symptoms
- Techniques to assess for grave disability of client
- Criteria to determine situations that constitute high risk for abuse
- Indicators of abuse
- Indicators of neglect
- Indicators of endangerment
- Indicators of domestic violence
- Effects of prior trauma on current functioning
- Risk factors that indicate potential for suicide within age, gender, and cultural groups
- Physical and psychological indicators of suicidality
- Effects of precipitating events on suicide potential
- Physical and psychological indicators of self-destructive and/or self-injurious behavior
- Risk factors that indicate potential for self-destructive behavior
- Methods to evaluate severity of symptoms
- Risk factors that indicate client's potential for causing harm to others

B. STRATEGIES

Tasks

- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
- Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
- Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.
- Identify resources (e.g., referrals, collateral services) to assist with management of client's crisis.

Knowledge of

- Procedures to manage client's suicidal ideation that do not require hospitalization
- Techniques to provide suicide intervention in emergency situations
- Strategies to reduce incidence of self-destructive/self-injurious behavior
- Techniques (e.g., contract) to manage suicidality
- Strategies to deal with dangerous clients
- Strategies for anger management
- Strategies to manage situations dangerous to therapists
- Strategies to address safety in situations of abuse
- Support systems to manage crisis
- Referral sources to manage crisis
- Methods to coordinate collateral services

III. TREATMENT PLANNING

Definition: This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model.

A. GOAL SETTING

Tasks

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Prioritize treatment goals to determine client's course of treatment.
- Identify evaluation criteria to monitor client's progress toward treatment goals and objectives.

Knowledge of

- Means to integrate client and therapist understanding of the goals in treatment planning
- Techniques for establishing a therapeutic framework within diverse populations
- Factors influencing the frequency of therapy sessions
- Stages of treatment
- Strategies to prioritize treatment goals
- Methods to formulate short and long-term treatment goals
- Third party specifications (e.g., managed care, court mandated, EAP) impacting treatment planning
- Criteria to monitor therapeutic progress
- Procedures to measure qualitative and quantitative therapeutic changes

B. FORMULATION OF TREATMENT PLAN

1. Theoretical Orientation

Tasks

- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.

Knowledge of

- Theoretical modalities to formulate a treatment plan
- Assumptions, concepts, and methodology associated with a cognitive-behavior approach
- Assumptions, concepts, and methodology associated with a humanistic-existential approach
- Assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused)
- Assumptions, concepts, and methodology associated with a psychodynamic approach

- Assumptions, concepts, and methodology associated with a systems approach
 - Assumptions, concepts, and methodology associated with group therapy
2. Clinical Factors
- Tasks**
- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.
 - Determine the need for referral for adjunctive services to augment client's treatment
 - Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.
 - Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan.
 - Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).
 - Coordinate mental health services to formulate a multidisciplinary treatment plan.
- Knowledge of**
- Means to integrate client and therapist understanding of the goals in treatment planning
 - Techniques for establishing a therapeutic framework within diverse populations
 - Methods to assess client's ability to access resources
 - Methods to identify need for adjunctive services
 - Adjunctive services within community/culture to augment therapy
 - Methods to integrate information obtained from physician/psychiatrist
 - Methods to integrate information obtained from collateral sources (e.g., educational, vocational).
 - Issues related to the process of termination
 - Techniques to assess when to initiate termination
 - Impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination
 - Impact of combining treatment modalities in treating problems or disorders
 - Factors associated with use of a multidisciplinary team approach to treatment

IV. TREATMENT

Definition: This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with treatment plan and theoretical model.

A. THERAPEUTIC RELATIONSHIP

Tasks

- Establish a therapeutic relationship with client to facilitate treatment.
- Provide feedback to client throughout the therapeutic process to demonstrate treatment progress.

Knowledge of

- Components (e.g., safety, rapport) needed to develop the therapeutic relationship
- Strategies to develop a therapeutic relationship
- Impact of value differences between therapist and client on the therapeutic process
- Strategies to acknowledge treatment progress

B. INTERVENTIONS

1. Theoretical Orientations

Tasks

- Develop strategies consistent with systems theories to facilitate client's treatment.
- Develop strategies consistent with cognitive-behavioral theories to facilitate client's treatment.
- Develop strategies consistent with psychodynamic theories to facilitate client's treatment.
- Develop strategies consistent with humanistic-existential theories to facilitate client's treatment.

Knowledge of

- Theory of change and the role of therapist from a systems approach
- Use of interventions associated with systems theories
- Theory of change and the role of therapist from a cognitive-behavioral approach
- Use of interventions associated with cognitive-behavioral theories
- Impact of transference and countertransference dynamics
- Theory of change and the role of therapist from a psychodynamic approach
- Use of interventions associated with psychodynamic theories
- Theory of change and the role of therapist from a humanistic-existential approach
- Use of interventions associated with humanistic-existential theories

2. Clinical Factors

Tasks

- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies consistent with developmental theories to facilitate client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.

Knowledge of

- Intervention methods for treating substance abuse • Intervention methods for treating abuse (e.g., child, elder) within families
- Intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff)
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty)
- Use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial)

- Techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders)
- Techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss)
- Impact of value differences between therapist and client on the therapeutic process
- Approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender)

C. TERMINATION

Tasks

- Determine client's readiness for termination by evaluating whether treatment goals have been met.
- Develop a termination plan with client to maintain gains after treatment has ended.
- Integrate community resources to provide ongoing support to the client following termination of treatment.

Knowledge of

- Changes in functioning that indicates readiness to terminate therapy
- Issues related to the process of termination
- Techniques to assess when to initiate termination
- Techniques to maintain therapeutic gains outside therapy
- Relapse prevention techniques
- Methods to integrate available community resources into treatment planning

V. ETHICS

Definition: This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client.

A. INFORMED CONSENT

Tasks

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.
- Inform parent/legal guardian and minor client about confidentiality issues and exceptions.

Knowledge of

- Approaches to address expectations of the therapeutic process
- Cultural differences which may affect the therapeutic alliance
- Methods to explain management of fees and office policies
- Methods to explain confidentiality parameters
- Methods to explain mandated reporting
- Minor client's right to confidentiality and associated limitations

B. THERAPEUTIC BOUNDARIES

Tasks

- Manage countertransference to maintain integrity of the therapeutic relationship.
- Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.
- Manage client's overt/covert sexual feelings toward the therapist to maintain integrity of the therapeutic relationship.

Knowledge of

- Strategies to manage countertransference issues
- Impact of gift giving and receiving on the therapeutic relationship
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship
- Implications of sexual feelings/contact within the context of therapy
- Implications of physical contact within the context of therapy
- Strategies to maintain therapeutic boundaries

C. MANAGEMENT OF ETHICAL ISSUES

Tasks

- Manage confidentiality issues to maintain integrity of the therapeutic contract.
- Manage client's concurrent relationships with other therapists to evaluate impact on treatment.
- Manage clinical issues outside therapist's scope of competence in order to meet client needs.
- Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.
- Determine competency to provide professional services by identifying therapist's cognitive, emotional, or physical impairments.

Knowledge of

- Confidentiality issues in therapy
- Effects of concurrent therapeutic relationships on treatment process
- Criteria to identify limits of therapist's scope of competence
- Areas of practice requiring specialized training
- Ethical considerations for interrupting or terminating therapy
- Alternative referrals to provide continuity of treatment
- Effects of therapist's cognitive, emotional, or physical limitations on the therapeutic process

VI. LAW

Definition: This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice.



A. CONFIDENTIALITY AND PRIVILEGE

Tasks

- Maintain client confidentiality within limitations as defined by mandated reporting requirements.
- Obtain client's authorization for release to disclose or obtain confidential information.
- Comply with client's requests for records as mandated by law.
- Comply with legal standards regarding guidelines for consent to treat a minor.
- Assert client privilege regarding requests for confidential information within legal parameters.

Knowledge of

- Exceptions to confidentiality pertaining to mandated reporting requirements
- Conditions and requirements to disclose or obtain confidential information
- Laws regarding client's requests for records
- Laws regarding consent to treat a minor
- Custody issues of minor client to determine source of consent
- Laws regarding privileged communication
- Laws regarding holder of privilege
- Laws regarding therapist response to subpoenas

B. EXCEPTIONS

Tasks

- Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm by client to others as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.

Knowledge of

- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder)
- Laws pertaining to mandated reporting of client's intent to harm others
- Techniques to evaluate client's plan, means, and intent for dangerous behavior
- Legal criteria for determining involuntary hospitalization

C. PROFESSIONAL CONDUCT

Tasks

- Provide information associated with provision of therapeutic services to client as mandated by law.
- Maintain security of client's records as mandated by law.
- Maintain documentation of clinical services as mandated by law.
- Comply with legal standards regarding sexual contact, conduct, and relations with client.
- Comply with legal standards regarding scope of practice in the provision of services.
- Comply with legal standards regarding advertising to inform public of therapist's qualifications and services provided.

Knowledge of

- Laws regarding disclosing fees for professional services
- Situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled, "Professional Therapy Never Includes Sex"
- Laws regarding security of client records
- Laws regarding documentation of clinical services
- Laws regarding sexual conduct between therapist and client
- Laws which define scope of practice
- Laws regarding advertisement and dissemination of information pertaining to professional qualifications and services



California Board of Behavioral Sciences

1625 North Market Boulevard, Suite S200
Sacramento, CA 95834
www.bbs.ca.gov

STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

You are eligible to participate in the Standard Written examination for licensure as a Marriage and Family Therapist. This is the ONLY notice of eligibility you will receive from the BBS for this examination. Your address label below contains important date information. In the upper left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. You must take the Standard Written examination by the date specified on the label, or you will be required to reapply (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Instructions for applying are included in this handbook.

PSI licensure:certification
3210 E TROPICANA
LAS VEGAS, NV 89121

FIRST CLASS MAIL

